

Premium Rates for Plans Effective July 1, 2006

Carrier	Type of Plan	Coverage	Monthly Premiums
HMSA	Non-Medicare Medical	Single	\$315.42
		Family	\$882.28
HMSA	Medicare Medical	Single	\$201.08
		Family	\$657.96
Kaiser	Non-Medicare Medical	Single	\$348.20
		Family	\$1,044.56
Kaiser	Medicare Medical	Single	\$164.40
		Family	\$493.12
HDS	Dental	Single	\$29.20
		Family	\$58.56
VSP	Vision	Single	\$4.68
		Family	\$10.06
AETNA	Life Insurance	Retiree only	\$4.16

The rates shown are the cost to your employer if you are eligible for 100% contribution and only for Hawaii-based plans. Retirees enrolled in the HMSA plan are enrolled in the Hawaii-based plan. Premiums for retirees enrolled in the Kaiser plan outside of Hawaii will depend on the premiums for the Kaiser plans in their local area. Contributions for retiree premiums are based on the rates above. If your premiums are higher, you are responsible for the difference.

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